MANIE OF PROVIDER LIK SOFFLIER			STREET ADD	(K2) MULTIF A BUILDING B. WING PRESS, CITY, 3 ERVOIR RO, TON, DC 20	RVEY TED 7/2008		
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY PALE			ID PRIETX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	COMPLETE DATE
1 000	17, 2003. The clie facility included for	was conducted on J int population residing or males resident's w retardation and othe	g in this ith varying	1 000	Received GOVERNMENT OF THI	E DISTRICT OF C	DLUMBIA
	The findings of the observations at the the management residence and the	a survey were based e group home, intervend direct support sta review of the admini cords to include the u	on Jews with off in the estrative		HEALTH REGULAT 825 NORTH CAPITO		
1 010	SPACE: Each CHMRP sha atmosphere in a s of the resident's	MENTAL REQ / USE all provide a home-lik acting that is the less rights, but yot will alk on safely and effective	se st matrictive ow the	1 010		,	
	Based on observa GHMRP failed to allow the resident measure. (Resid		ew the re which				
	July 18, 2008 at a that the facility has According to inter Resident #1 has a departures from the	environmental inape approximately 1:30 Pi a alarms on the exit view with the house a history of unauthori the group home.	M revealed doors. menage <u>r</u> zed	to provide that is the which fur has been Committee	olicy of St. John's Comme a home-like atmosphere lest restrictive of the restrictions safely and effective made from the Human Rice for approval of the alar	in a setting ident's rights /e. A request ghts	7/25/08
LABORATO	Review of Resident #1's psychological assessment 10/29/07 and his Behavior Support lealth Pepulation Adi passession ABORATORY DIRECTION'S OF PROVIDENSUPPLIER REPRESENTATIVES STATE FORM				Myers - The North	, Direct	(XII) DATE -CLS Mon answer 1 of 14

AND PLAN OF	NAME OF DROMINE UKAUPPLICK		JMBE R:	(XZ) MULTIPLE CONSTRUCTION A. BUILDING B. WING				
	SOUDER OF SUPPLIE	•	IESS SESA ONIHEAW	ERVOIR RO	DAD NW			
(X4) ID PREFIX TAG	CACH PERCEN	ITATELIENT OF DEFICIENC ICY MUST BE PRECEDED B R LSC IDENTIFYING INFORD	IY FULL	PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENCE	ICN SHOULD BE HE APPROPRIATE	()(5) CDMPLETE DATE	
	#1 has a target to the house unaut psychological as mentioned the natural. Review minutes did not the committee to the commit	d 11/14/07 confirm the pahavior addressing hearized. However, ne seesment nor the BS end for the use of the wof the Human Right include discussion or ne use of the alarms in the noted that Resider for the purpose of known that is used by reside of the hand washing, a	ither the ither the door secondities approved by the facility. It #1 has 1:1 plementing roup home. OMS Into shall be well and cup mirror and ithe at the at the atthroom with	to includ	t has been made for revie the resident leaving th	· · · · · · · · · · · · · · · · · · ·	7/25/08	
	30, 20138 reveal 1. Bathroom #	clude: ronmental walk-throughed the following; I did not have soep for I towels, and cups for	or hand	1.	A Cabinet has been ins bathroom for the storag towels, tissue and cups	ge of soap, paper	7/22/08	
	 2. Balhroom ≰	2 did not have scap for the o			A cabinet has been instable bathroom for the storage towels, tissue and cups.	e of soap, paper	7/22/08	

YSVF11

STATEMENT AND PLAN D	STATEMENT OF DEFICE ICHES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER (DENTIFICATION NUM HFD12-0071		r/CLIA MBER:	(X2) MULTH A. BUILDING B. WING	PLE CONSTRUCTION G	COMPLETED 07/17/2008			
	ROMDER OF SUPPLIER S COMMUNITY SER		4835 RESI	DRESS, CITY, STATE, ZIP CODE SERVOIR ROAD NW GTON, DC 20016					
(X4) ID PREFIX TAG	MEACH DEFICIENCS	ATEMENT OF DEFICIENCE Y MUST BE PRECEDED BY LSC IDENTIFYING INFORMA	FURL	PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	COMPLETE DATE		
1 082	Continued From page 2 Interview with the house manager revealed that when the clients use the bathroom the direct support staff go to the basement and brings tollet paper, susp and paper towels to the bathroom for the client's use. Further interview with the house manager suggest that the Client's behavior of Pica was the reason for not having these bathroom supplies svallable.			to concern which dep to these s	ice of storing the supplies from for the pica behavior of the prives other residents of the supplies, has been submitted tights Committee for approve	e resident, easy access to the	7/22/08		
1 090	The interior and exterior of each GHMRP a maintained in a safe, clean, orderly, attracts and sanitary manner and ba free of accumulations of dirt, rubbish, and objectio odors.			1090					
	Based or) observal ensure the interior was maintained in. attractive, and sen	t met as evidenced by tion, the GHMRP fails and exterior of the G a safe, clean, orderly litary manner and be dirt, rubbish, and obje	ed to SHMIRP Y. free of	-					
	The findings includ	ie:		•					
	1. The leather couronn were tom and 2. The area rug in	the living room was	soiled.	Whic	leather couch in the living rech was torn has been replace area rug in the living which	đ.	7/15/08		
3. Resident #4's Chester drewer two bottom drawers were off track and therefor the drawere was broken. 4. There were several bulbs not working in the collin Regulation Administration.			som	e soiled areas has been disca Chest of drawers has been re	rded.	7/25/08			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA NO PLAN OF CORRECTION (DENTIFICATION NUMBER:		A BUILDING	(X2) MULTIPLE CONSTRUCTION A. BUILDING			
		HFD12-0071	·	B. WNG_		07/17/2008
NAME OF P	ROVIDER OF SUPPLIER		•		STATE, ZIP CODE	
NHOL TE	IS COMMUNITY BERY	VICES	4835 RESI WASHING	ERVOIR RO	10016	,
(X4) ID PREFIX TAG	(EAC) DEFICIENCY	ATEMENT OF CEFICIÉNCIE Y MUST SE FRECEDED BY LOC IDENTIFYING INFORMA	/ FULL	ID PREFIX TAG	PROVIDERS PLAN OF CORRE LEACH CORRECTIVE ACTION SHI CROSS-REPERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETE
1 090	Continued From pa	age 3		1 090		
	dining room chande	eller.	-			
	External		1	.		
		ading from the baser nd debris that blocked		1. All l	Debris that blocked the outside been removed and the area cl	de drain 7/21/08 leaned.
,	2. A black wire was on the kift side of the				equest was made and an appo for 8/15/08 in order to have the loved from the home near the broom window.	he wire
1 135	3505.5 FIRE SAFE	£TΥ .	}	I 135		
		ill conduct simulated i Tectiveness of the pla ar for each shift.		All fi inclu- comp	 ire drill for the home has been de all shifts. An In-service to pleted on 7/21/08. In the futu	raining was ire all fire drills
•	Besed on staff inte	t met as evidenced by prview and record revi id evecuation drills qu	riew, the	will t mann	be conducted to cover all shif	ts in a timely
	The findings includ	Je:)			
٠	revealer that the at policy and procedure a fire drill once per of the fire drill log befailed to hold simulations a year for ear	riew with the House Materi, according to the ures, were required to month on each shift book revealed that the lated fire drills at leasuch shift during the people December 2007.	agency to conduct t. Review te facility st four			
! 189	3508,7 ADMINISTE		}	l 189		
	Each GriMRP shall	il maintain records of nd disbursed.	residents			

	STATEMENT OF DEPIC ENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER SUPPLIES			(X2) MULT A. BUILDI B. WING	COMPL	(XS) DATE SURVEY COMPLETED	
<u> </u>		HFD12-0071				07/1	7/200B
	rovider di Suppliei 16 Community Se		4835 RE	SERVOIR R STON, DC			
(X4) 10 PREFIX TAG	REFIX (EAC) DEFICIENCY MUST BE PRECEDED BY FULL			PRÉFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION GROSS-REFERENCED TO THE A DEFICIENCY)	BHOULD BE	(X5) COMPLETE DATE
189	Based on intervise GHMRF failed to funds received ar (Resident #1 and The finding including funding fu	ot met as evidenced by and record review the maintained each resided disbursed. I #2) See: proximately 9:45 AM, in a Qualified Mental Return Retur	ant's aterview ardation he Resider' ated to A	sank for a	has been made from the Che copy of bank statement for	the mirrore	7/25/08
1 222	atatement or entry 3510.3 STAFF TF There shall be controlling programs This Statute is no	ntinuous, ongoing in-se scheduled for all perse of met as evidenced by	: Ji ervice onnel.	updaung uly, 2008.	the financial books up to the	ne month of	
	Based an observation, the Greentinucus, ongois were conducted for the finding include The GHIJRP faller consistent data warequired by each revidenced below: 9. Observation of the 2008 at approximation of the proximation of the conducted and the	stions, interview and re- HMRP failed to ensure- ing in-service training p or all personnel, (Resid	cord regrams ent #1) the and the	A d	All staffs have been in-service ocumentation on 7/21/08	ed on IPP	7/21/08

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION CONTINUES.			A BUILDING	LE CONSTRUCTION 3	(X3) DATE SU COMPLET			
			HFD12-0071	•	B. WING _		07/17	/2008
NAME OF PR	OVIDER OF	SUPPLIER		STREET ADDI	RESS, CITY, S	STATE, ZIP CODE		1
ST JOHN!			Mena	4836 RESE				
ST JOHN:	a Commit	MII Y OEK	TRES	WASHINGT	ON, DC 2			
(X4) (D PREFIX TAG	REMX (EAC) DEFICIENCY MUST BE PRECEDED BY FOLL			FULL	ID PREFIX TAG	PROVIDERS PLAN OF CORRECTION SHO (EACH CORRECTIVE ACTION SHO CROSS-REPERENCED TO THE APP DEFICIENCY)	DURLE BE	DES) COMPLETE DATE
1 224	Continue	d From pa	ige 6		1 224	-		
	not limiter relardati: frequent	d to, defin on, associ y used ma uale with	ental retardation inclu- lition, causes of men- uted health implication adications, the history mental retardation, a	me, and ore, and of care		(a) All staffs have been traine Overview.	ed on MR	8/5/08
	Besed of Group He failed to health at	n staff inke ome for M ensure thi	t met as evidenced by rview and record rev lental Retardation (G at staff received train ing requirements of c led,	iew, the HMRP) ing on the				
	Interview approximate in-service the direct to the own correspondent	nately 10:2 e training t support of enview of ending ser	20MRP on July 17, 20 20 AM and review of records revealed that staff received training mental retardation ar vice needs to ensure ts residents.	the t none of pspecific of its				
1 225	3510.5(1)) STAFF	TRAINING		1 225			
		ining prog o, the folio	ram shall include, bu wing:	t not be				
	(b) Hurri (birth to c		pinent through the lift	cycle		(b) All Staffs have been train Human Development.	ed on	
	Based or Home (c)	ı interview r Mental R	t met as evidenced by and record review, t Reterdation (GHMRP) support staff received	the Group failed to			•	
James Rocald		ng include	16 :			·	•	'

PRINTED: 07/27/2008 FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORREC ION IDENTIFICATION NUMBER:		irickia Mber:	A BUILDIN		TRUCTION	COMPLI	TED			
			HFD12-0071		B. WING			07/1	7/2008	
		NOTY SER		4835 RES	DORESS, CITY, STATE, ZIP CODE ESERVOIR ROAD NW NGTON, DC 20016					
(X4) ID PREFIX TAG	(ÉAC	4 DEFICIENC	ATEMENT OF DEFICIENCIES WILL THE PRECEDED BY LEG IDENTIFYING RIFORM	FULL	PREFIX TAG	(E/	PROVIDER'S PLAN OF ACH CORRECTIVE AUT US REFERENCED TO T DEFICIENCE	TON SHOULD BE THE APPROPRIATE	COMPLETE DATE	
1 225	On July Interview In-servic GHMRF Human	/ with the (to training falled to ; Developm	at approximately 10:0 QMRP and the review records falled to refle provide training in the part.	w of the act that the	1 225	All staffi Develop:	s have been train ment on 7/21/08	ied in Human	7/21/08	
	Each trailimited in (c) Infer This Str. Based a have or	idning prog io, the follo ition contro itute is no in record r	TRAINING gram shall include, bu owing: of for staff and reside of met as evidenced b review, the GHMRP for view current training (n control practices for	nts; by: alled to in the		` Infe	staffs have been ection Control fo dents.		8/5/08	
1 229	omploy. The fina On 7/11 review: the GHI control	iling include 708, Intervice of in-service of the meet the	·	ind the vealed that	1 229					
	Each tri limited I (f) Spe: resider to, behareceati technology This Sta	ining prog o, the folion is to be sention mana an, total oc agles; itute is no	gram shall include, bu	RP and the ot limited utrition, assistive		Nut	Staffs have been rition, Recreation nmunication		8/5/08	
Jeoitt Barri	-1 4-2 7					L			1	

TATEMENT OF DEFICI INCIES (X1) PROVIDER/SUPPL (X1) PROVIDER/SUPPL (DENTIFICATION N			A, BUILDING		(23) DATE SU COMPLE - 07/12	72008	
	ROVIDER O L SUPP S COMMI INITY	'LER	4838 RES	DRESS, CITY. S SERVOIR RO STON, DC 2	STATE, ZIP CODE NAD NW 0016		,
(X4) ID PREFIX TAG	(EAC + DEFIC	RY STATEMENT OF DEFICIENCY CIENCY MUST BE PROCEDED I Y OR LEC IDENTIFYING INFOR	BY FULL	ID PRÉFIX TAG	PROVIDER'S PLAN OF ((BACH GOMRECTIVE ACT) CROBB-REFERENCED TO TO DEFICIENCY	ion should be Me appropriate	(XII) COMPLE DATE
1 229	documents, the evidence to veresidents' need the findings is interview with service raining	ne GHMRP failed to pro- sidate staff training as it d. neluda: the QMRP and the revi ig records on 7/17/08, th de training on nutrition,s	ew of the in	1 229	(e) All Staffs have been Human Sexuality	trained on	8/5/08
1 280	3512.1 RECO PROVISIONS Each Rusiden	PRDKEEPING: GENERA	iln currant	1 260	·		
	Based on inte GHMRF falled resident's reco	not met as evidenced rview and record review I to ensure that entries i ords were signed and di its included in the samp	nto each ated for one				
	with the GHMI Professional(C resident's fina #1 and #2 fina reflect the cur Indicated mon	cludes: approximately 9:45 AM RP's Qualified Mental R QMRP) and the review o incial records revealed to incial record were not up rent balances. Although thly bank statments were k statement or entry was	etardation of the Nesident posted to the QMRP Tensional	Bank Sta	t has been made from Citements for the period uport to up-date the financi	p to July, 2008	8/5/0
I 29 1	3514.2 RESID	ENT RECORDS		1 291		•	

TAG REQUIATORY OR LISC IDENTIFYING INFORMATION) 1291 Continued From page 9 Each record shall be kept current, dated, and aligned by each individual who makes an entry. This Statute is not met as evidenced by: Besed on Interview, and record review the GHMRF falled to ensure each clients records were kent current, dated and signed. The findings include: 1. On Jily 16, 2008 at approximately 11:00 AM, interview; with the Nurse and review of Resident The Pharmacist was requested and he signed the #1 pharmacy review records from July 2008 to Review of Sample #1 pharmacy review sheet. All pharmacy review records from July 2008 to Review of Sample #1 pharmacy review sheet. Interview; with the Aures and review of Resident #1 in the facility in on May 8; 2008, however, did not sign and date the entry mide into Resident #1's record at the time of his visit. 2. The SHMRP falled to ensure that Resident #1 and #2's IPP data records were documented as required to ensure current and accurate information was being recorded. [See Deficiency 3512.1] 1371	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER (DENTIFICATION NUM		R/CLIA IMBER:	A. BUILDIN		(X3) DATE SURVEY GOMPLETED		
ASS RESERVOIR ROAD NW WASHINGTON, DC 20016 PREFIX RAC - DEFIGIENCY MUST BE PRECIDED BY THE PROPERTY ACTOR SPECIAL DESIGNATION PREFIX RAC - DEFIGIENCY MUST BE PRECIDED BY THE PREFIX TAG CONSTRUCTOR COLOR DESIGNATION PREFIX TAG 1291 Continued From page 9 Each retord shall be kept current, dated, and signed ty each individual who makes an entry. This Stalute is not mot as evidenced by: Basad on interview, and record review the GHMRP failed to ensure each cliente records were kent current, dated and signed. The findings include: 1. On J sh 16, 2008 at approximately 11:00 AM, interview with the Nurse and review of Resident The Pharmacist was requested and he signed the all pharmacy review are remissing. According to the initiatists gnatures were missing. According to the nurse the pharmacist had been in the facility in on May 8, 2008, however, did not sign and date the entry mide into Resident \$1's record at the time of his visit. 2. The ISHMRP falled to ensure that Resident \$1's and \$2's IPP date records were documented as required to ensure current and accurate information was being recorded. [See Deficiency 3512.1] 1371 1371 13712 Each GHMRP shall maintain written documentation that each employee has been trained 1 carrying out the policies and procedures set forth in § 3619.1 of this section. This Stalute is not met se evidenced by: Based c n interview and record review, the GHMRP falled to inthin he staff on the agency's emerge my policies and procedures.	-		HFD12-0071				07/1	7/2008
PREFIX REGULATORY OR LOG DESTREYING INFORMATION PREFIX CROSS-REFERENCES TO THE APPROPRIATE DEFICIENCY			VICE\$	4835 RE8	ERVOIR RE	IAD.NW		
Each retrord shall be kept current, dated, and signed try each individual who makes an entry. This Statute is not mot as evidenced by: Based on Interview, and record review the GHMRP failed to ensure sech clients records were keint current, dated and signed. The findings include: 1. On J by 16, 2008 at approximately 11:00 AM, interview, with the Nurse and review of Resident The Pharmacist was requested and he signed the #1 phannacy review records from July 2008 to Review of Sample #1 pharmacy review sheet. current revealed that the date and initialists gnatures were missing. According to the nurse the pharmacist had been in the facility in on May 8, 2008, however, did not sign and date the entry mude into Resident #1's record at the time of his visit. 2. The GHMRP failed to ensure that Resident #1 and #2's IPP date records were documented as required to ensure current and accurate information was being recorded. [See Deficiency 3512.1] 1371 Each GHMRP shall maintain written document trained in carrying out the policies and procedures set forth in § 3518.1 of this section. This Strute is not met as evidenced by: Based on interview and record review, the GHMRP failed to train the start on the agency's emergency policies and procedures.	PREFIX	(BAC+) DEFICIENCS	Y MUST BE PRECEDED BY	/ FULL	PREFIX	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T	ION SHOULD BE HE APPROPRIATE	COMPLE DATE
interview: with the Nurse and review of Resident The Pharmacist was requested and he signed the #1 pharmacy review records from July 2008 to current evested that the date and initializing natures were missing. According to the nurse the pharmacist had been in the facility in on May 8; 2008, however, did not sign and date the entry mide into Resident #1's record at the time of his visit. 2. The (SHMRP falled to ensure that Resident #1 and #2's IPP date records were documented as required to ensure current and accurate information was being recorded. [See Deficiency 3512.1] 1371 Each Gi (MRP shall maintain written documentation that each employee has been trained in carrying out the policies and procedures set forth in § 3519.1 of this section. This Stelute is not met as evidenced by: Based on interview and record review, the GHMRP failed to train the staff on the agency's emergency policies and procedures.	·	Each record shall taigned by each ind This Stainta is not Based on Interview GHMRP failed to a were kept current,	be kept current, date ividual who makes a met as evidenced by and record review that the dated and signed.	n entry. y: the	L 291			
and #2's IPP data records were documented as required to ensure current and accurate information was being recorded. [See Deficiency 3512.1] 1371 1371 1371 1371 1371 Each Gi IMRP shall maintain written documentation that each employee has been trained in carrying out the policies and procedures set forth in § 3519.1 of this section. This Str lute is not met as evidenced by: Based on interview and record review, the GHMRF failed to train the staff on the agency's emergency policies and procedures.		interviev. With the h #1 phan nacy review current i evealed the initials/s gnatures veruse the pharmace May 8, 2008, howe entry made into Re-	Nurse and review of I W records from July hat the date and - were missing. Accordist had been in the fi wer, did not sign and	Resident T 2008 to R ding to the scility in on				8/5/08
Each Gi MRP shall maintain written docume station that each employee has been trained in carrying out the policies and procedures set forth in § 3519.1 of this section. This Striute is not met as evidenced by: Bused on interview and record review, the GHMRP failed to train the staff on the agency's emergency policies and procedures.		and #2's IPP data required to ensure information was be	records were documer current and accurate	ented as				
documentation that each employee has been trained in carrying out the policies and procedures set forth in § 3519.1 of this section. This Striute is not met as evidenced by: Bused on interview and record review, the GHMRF failed to train the staff on the agency's emergency policies and procedures.) 371	3519.2 EMERGEN	ICIES		1371			
Based on interview and record review, the GHMRF failed to train the staff on the agency's emergency policies and procedures.		documentation the trained in carrying opposedures set for	t each employee has out the policies and in in § 3519.1 of this	section. $\frac{A^2}{P^2}$			Agency	8/5/08
The finding includes:		Based on interview GHMRF failed to tr	and record review, it	the				
	-	The finding include	5 ;					·

If continuation sheet 11 of 14

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (K1) PROVIDER/USUPPLIES IDENTIFICATION NUM HPD12-0071			(X2) MULTINA, BUILDING	PLE CONSTRUCTION G	(X5) DATE 8 COMPLE		
			-1	CTREET AND	PORTE CITY	STATE, ZIP CODE	VIII	1/2000
	,	INITY SER		4835 RESI	ERVOIR RO	DAD NW 8016		
(X4) ID PREFIX TAG	(EAC	H DEFICIENC	ATEMENT OF DEFICIENCIES TY MUST BE PRECEDED BY LBC IDENTIFYING INFORMA	PULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	NON SHOULD BE THE APPROPRIATE	(75) COMPLETE DATE
I 371	On-July interview available GHMRF staff has	with the (training named to had not been	ege 10 at approximately 10:30 GMRP and the review records revealed that there evidence that directly are and procedures.	v of the Al the Al rect care Ex		ave been trained on the policies and procedures		7/21/08
I 379	In additi each Gi Health, unusual interfere arrange places (be madi follower	HMRP shall Health Fact incident of incident of the with a remark, well the resident by telephone by writer to by writer the control of the resident of the res	reporting requirement all notify the Departme cilities Division of any or event which substar anident's health, welf being or in any other at risk. Such notification within ours or the next work	ent of other nitally fare, living way ation shall i shall be	1 379			
	Based c Group I (GHMR officials regulate The fine	in staff inter- lome for M P) failed to within 24 h ry requirer ings includ	de ;	riew, the reona ntal with this				
	manage Qualifies (QMRP) the facility government.	ment system of the ments of the	facility's unusual incidem and interview with team and interview with team and interview with team and interview and incident report incident revealed that Reside	h the Renewled Wine tin	eporting o	tave been trained on Income 8/5/08. In the future, orted to governmental Amer.	all incidents	8/5/08

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STATE FORM

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION NUMBER:			A BUILDING	PLE CONSTRUCTION	(X8) DATE S COMPLE	URVEY !TED	
	_	HFD12-0071		B. WING _		<u> </u>	7/2008
NAME OF P	ROVIDER (11 SUPPLIER				STATE, ZIP CODE	•	
MHOL T8	S COMMUNITY SER		WASHING	ervoir ro iton, dc 2	0016		
(X4) ID PREFIX TAG	MEACH DEFICUENCY	ATEMENT OF DEPICHENCIE Y NURTHE PRECEDED BY LEC IDENTIFYING INFORM	PULL	PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	COMPLETE DATE
1379	Continued From pa	age 11		1 379	•		
	his stomach. He wastes admittes for evalua		el and was		·		
	March 13, 2005 re- observed with a sv	inusual Incident rapo vesied that Resident vollen hand and was or further evaluation	#3 was sent to the			·	
	March 14, 2008 re observed pointing	inusual incident reporvealed that Resident to his stomach and a was sent to the ER fo	#2 was opearing r A		ave been trained on Incide on 8/5/08. In the future, all	• •	8/5/07
	May 29, 2008rever observed limping i	nusual incident repor aled that Resident #1 by the staff and was t action and treatment	was ti	ill be repo mely man	orted to governmental Agenter.	ncy in a	
1 401	3620.3 PROFESS PROVISIONS	HON SERVICES: GE	NERAL	i 401			
	and evaluation, inc developmental lev services, and serv	ces shall include both studing identification of els and needs, treath ices designed to pre- riher lose of function	of nant vent				
	Based on interview GHMRF failed to treatment services services functioning for each	t met as evidenced by and record review to provided diagnosis, as and necessary followers for the facility resident in the facility.	he Ivaluation, Iv up er loss of				
] :	The finding include	-3.					
Hasith Regu STATE FOR	lation Administration	<u>-</u>			VBVE44	Manual -	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIÉ IDENTIFICATION NA	CC) MULTIPLE CONSTRUCTION (X3) DATE SU COMPLE A SUILDING) D	
HFD12-0071		B. WING	<u></u>	07/17/2	2008
NAME OF PROVIDER OR SUPPLIER	STREET ADD	RESS, CITY. 8	TATE, ZIP CODÉ	,	
ST JOHNS COMMIDNITY SERVICES		ervoir ro Ton, do 20			· ·
(XA) ID ILUMINARY STATEMENT OF DEFICIÊNCIE PREFIX (BACH DEFICIENCY MUST BE PRECEDED BY TAG REGILATORY OR LSC IDENTIFYING INFORM	'FULL	id Prefix Täg	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)		COMPLETE DATE
1 401 Continued From page 12		1401			
On July 7/16/08 at approximately 12:00 interview with nurse revealed that the P services is contracted to review of each medication usage on a quarterly basis. Resident #2's medical record revealed apparatury representative had not review resident's medication regimen for any irregularities for the month of May 2008. According to the nurse, the pharmacist facility 1/8/08.	harmacy resident's Review of that the wed the	the home.	was made and the Pharmacis He review and signed the re for a period which covers M	cords for	8/5/08
1 484 3522.1' MEDICATIONS		1 484			
Each GHMRP shall promptly destroy particular that is discontinued by the parties or has reached the expiration date, or hworn, illegible, or missing label.	ohyaiclan		•		
This Statute is not met as evidenced be Based on interview and record review to GHMRI? failed to destroy medication was expired.	he				
The finding includes:					
On July 18, 2008 during the environme inspection of Resident's #1's bedroom. Lotion 45 was discovered on the top of Chests: drawer in a backet. Further lot bottle revealed that the Sunblock had a 8/8/08, however, it had not been removed destroyed.	Sunblock the ok at the expired on				
Interview with the nurse on duty reveals agency has a system which monitors the availability of topical treatment medicat According to the nurse the monitoring a included the following: 1. The house manager was to weekly the following:	n ė lons. System	Services according by the nu	Policy of St. John's Community discard all expired medical gets its policy on discarding Nurse. In the future all expired iscarded in a timely manner	tion Aedication	7/18/08
Health Regulation Administration STATE FORM	***	· · ·	(\$VE11	<u> </u>	<u>-</u>

STATEMENT OF DEFE! ENCIGS AND PLAN OF CORRECTION (K1) PROVIDER/SUPPLIER/CLU (DENTIFICATION NUMBER:			R/CLIA WBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			COMPLETED 07/17/2008	
HFD12-0071					· L			
NAME OF PROVIDER (IR SUPPLIER ST JOHNS COMMIUNITY SERVICES 8TREET ADDRESS, CITY, STATE, ZIP CODE 4835 RESERVOIR ROAD NW WASHINGTON, DC 20016								
(X4) ID PREFIX TAG	PREFIX (EN. II DELICIEITE I MUDI DE L'ABRESTATION DE L'AB			FULL	PROVIDER'S PLAN OF CORRECTION PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEPICIENCY)		(20) COMPLETE DATE	
1464	1 -	d From pe	**		1 484	,		
	resider: 2. White nurse vid 3. The r medica: 4. The r request medica: 5. When the nurs medica: 6. The	the medi- tis to be no nurse docu- tion reorder nurse then to the pha- tion(s) need non(s) recorder the topic was resp tion and de nurse recorder	iments the medication form. contacts and forward macy to reorder the	w, the Ton on the U. de the II de th	sing the pr ohn's Com n the futur	Sun Block Lotion has per method put in particular services as constant a timely manner.	placed by St. of July 18, 2008.	7/18/08
Health Resu			1				,	

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